been provided for various activities, for the development of this Institute. Hospital Service Consultancy Corpotarion (HSCC) has already been entrusted with the construction work of the Institute. The Construction of the boundary wall, ground water survey and geo-technical survey have already been completed. It has also taken up the construction of interim OPD facility which is likely to be made functional very shortly.

Due to certain changes in the objectives of the Institute as well as sharing pattern of the cost between Central Govt. and the State Govt. of Karnataka a revised EFC Memo for the Institute has been prepared on which comments of the Appraisal Departments are awaited. Though the Governing Body of the Institute has approved the project proposal for starting the construction activities, where has been delay in its operation due to the reason that Bangalore Development Authority has proposed payment of heavy fee before giving clearance for construction. The matter has been taken up by with the Govt. of Karnataka. The Institute has been provided a sum of Rs. 420 lakhs during the last fifteen years.

As per the plans, the construction activities of the main building complex of the Institute is likely to start during 1999-2000. The first phase is expected to be completed by the end of 2002 and first batch of the Post Graduate students is likely to be admitted in the Institute during 2001-2002.

एड्स रोग की रोकथाम हेतु उपाय

1157. **श्रीमती मालती शर्मा:**
प्रो० रामबक्श सिंह वर्मा:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि देश में एड्स की रोकथाम हेतु सरकार द्वारा अनेक उपाय किये जा रहे हैं:

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) 1999-2000 के लिये इस प्रयोजनार्थ कितनी धनराशि आवंटित करने पर विचार किया जा रहा है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एझिलमलाई): (क) जी, हां।

(ख) भारत में एच०आई०वी०/एड्स के फैलाव के निवारण और नियंत्रण के लिए इस समय पूरे देश में एक केन्द्रीय प्रायोजित योजना के रूप में एक व्यापक कार्यक्रम कार्यान्वित किया जा रहा है। मुख्य कार्यनीतियों में निम्नलिखित शामिल हैं:—

× केन्द्रीय और राज्य स्तरों पर कार्यक्रम प्रबन्धन क्षमताओं का सुदृढ़ीकरण।

× एच०आई०वी०/एड्स के बारे में उच्च जोखिम का आचरण करने वाले समूहों और सामान्य जनता के बीच जागरुकता पैदा करना।

× यौन संचारित रोगों का नियंत्रण।

× रक्त बैंकों को उपयुक्त लाइसेंस प्रदान करके और स्वैच्छिक रक्त दान को प्रोत्साहित करके रक्त निरापदता और रक्त के विवेकपूर्ण इस्तेमाल को बढ़ावा देना।

× निगरानी और निदान की क्षमता का सुदृढ़ीकरण।

× एच०आई०वी०/एड्स के नैदानिक प्रबन्धन में प्रशिक्षण प्रदान करना।

× अवसरवादी संक्रमणों के प्रबन्धन के लिए औषधें प्रदान करना।

(ग) एच०आई०वी०/एड्स के नियंत्रण के लिए वर्ष 1999-2000 हेतु 140 करोड़ रुपये का बजट अनुमान है।

Shortage of Medicines in CGHS Dispensaries

1158. SHRI ISH DUTT YADAV:
PROF. RAM GOPAL YADAV:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have ordered any inquiry into the acute shortage of medicines in CGHS dispensaries all over the country and the loss of crores of rupees;

(b) if so, the outcome, if any, thereof; and

(c) the strict action taken, likely to be taken against the officials responsible for shortage of medicines and loss of crores of rupees?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) There was not acute shortage of medicines. In case of any shortage of medicine, the same was met by procuring from the authorised local Chemist on individual valid prescription as per laid down procedure. Hence, no enquiry was ordered in this respect.

(b) and (c) In view of (a) above, questions do not arise.

Tackling Population Growth

1159. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's population is going to cross the one billion mark in a few months;

(b) if so, the steps taken or proposed to be taken, either to slow down the population growth or to ansure minimum facilities, to the future generations;

(c) whether Government have taken any steps to take all the political parties into confidence to tackle this great problem of population explosion, so that future generation does not suffer and lives a miserable life;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) As per the population projections for the country, issued by Registrar General of India, the population of India will cross one billion mark by the turn of the century.

(b) The Government has adopted a holistic national approach to the problem of growing population. The project calls for a multi pronged strategy for addressing the social, historical and economic causes of rapid population growth. Past experience indicates that population problem can be solved, only if:

(i) Parents have a reasonable assurance that their first and or second child will survive;

(ii) People are acquainted with the wide range of contraceptive choice available to them and they are also educated and informed about the use of the specific contraceptive methods suitable to their needs;

(iii) Literacy and educational status of the families, especially, girls and women in the families rise substantially above the present level;

(iv) Empowerment of women to make their own informed choice and erimination of gender bias in families and society are ensured;

(v) Funding for the population programmes is raised substantially;

(vi) Population scabilisation activities are decentralised with the planning and implementation being entrusted to the district level and below with the involvement of the elected Panchayat body and NGOs.

The Reproductive Child Health Programme which was launched in 1997 seriously seeks to address the issues of child survival, maternal health, dissemination of Information, Education and Communication about population at the grassroot level, involvement of district, sub-district and village panchayat levels health functionaries in planning, disigning and implementing their own programmes, including information, education and communication campaigns.

The funding of the population and family welfare programmes is being